Student Trip release

RELEASE OF ALL CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE
STUDENT TRAVEL PARTICIPATION
I, , a student at Arkansas State University over the age of eighteen (18), have chosen
student name
to participate in student travel to
location(s)
on .
date(s)
I AM AWARE that participating in travel carriesthe risk of personal injury, property damage, or other losses.
I HEREBY FULLY RELEASE AND DISCHARGE Arkansas State University and its officers, agents, and employees from any and all claims for personal injury, property damage, or other losses resulting from my
participation in this travel.
I HEREBY ASSUME ALL RISK of personal injury, property damage, and other losses which may result from
my participation in this travel.
I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS Arkansas State University, its officers, agents, and employees form all claims, suits actions, injuries, damages, and losses sustained by me and arising out
of, connected with, or in any way associated with my participation in this travel.
I HAVE FULLY READ AND UNDERSTAND THE FOREGOING.
STUDENT (print name)
STUDENT (signature) DATE
Department
*Department Contact Contact Phone Number
* Attach form to appropriate travel request and submit to Travel Services PRIOR TO TRAVEL

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